

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.  
**097743898**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			°		°		°	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2		1		1			52						
3		2		1			53						
4		2		1			54						
5		2		1			55						
6		2		1			56						
7		2		1			57						
8		2		1			58						
9		2		1			59						
10		2		1			60						
11		2		1			61						
12	1		1				62						
13		1		1			63						
14		2		1			64						
15		2		1			65						
16		2		1			66						
17		2		1			67						
18		2		1			68						
19		2		1			69						
20		2		1			70						
21	1		1				71						
22		2		1			72						
23		2		1			73						
24	1			1			74						
25		1		1			75						
26		1		1			76						
27		3		1			77						
28		3		1			78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL			4				TOTAL IND.						
TOTAL			24				TOTAL DEP.						
TOTAL CLAIMS			28				TOTAL CLAIMS						